

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Courtney Tarver,  
Attorney for Mental Health +  
Mental Retardation  
100 N. Union Street  
Montgomery, AL 36109-0711

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X W. DeMonte Jr.

☐ Agent☐ Addressee

## B. Received by (Printed Name)

W. DeMonte Jr.

## C. Date of Delivery

OCT 06 2006

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

2:01 PM 8/8/2006  
SLC

## 3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7004 1160 0003 5802 9916

**SENDER: COMPLETE THIS SECTION**

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

June Lynn.  
Attorney for Mental Health & Mental  
Retardation  
100 N. Union Street  
Montgomery, AL 36109-0711

2. Article Number  
(Transfer from service)

2011 February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Wayman Ford*  
B. Received by (Printed Name)  
W. FORD☐ Agent☐ AddresseeDate of Delivery  
OCT 10 2006D. Is delivery address different from item 1?  
If YES, enter delivery address below:☐ Yes☐ No2:06 PM OCT 10 2006  
5 + C

3. Service Type

☐ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7004 1160 0003 5802 9923

102595-02-M-1540

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

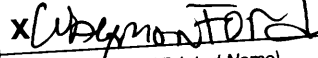
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Jody Cobbs, Director of Purchasing  
Mental Health & Mental Retardation  
100 N. Union Street  
Montgomery, AL 36109-0711

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

W. Ford

C. Date of Delivery

OCT 06 2006

D. Is delivery address different from item 1?

☐ Yes☐ No

If YES, enter delivery address below:

2:06CV884  
JTC



3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number  
(Transfer from)

7004 1160 0003 5802 9930

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540